## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patients P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (57)1-273-288-28

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as included unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' for

| maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |   |  |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must  |  |  |  |  |
|--|---|--|--|---|---|--|--|--|--|
|  |   |  |  | have  | rs. Each additional<br>its own certificate  | paper, such as an assign<br>of mailing or transmission   | ment e                                       | or format drawing, must  |  |
| 23872 7590 07/01/2008 MCGLEW & TUTTLE, PC P.O. BOX 9227 SCARBOROUGH STATION SCARBOROUGH, NY 10510-9227   |   |  |  |   | Carifficate of Mailing or Transmission  I horeby certify that this Fee(s) Transmission using deposited with the United States Potal Service with sufficient matter for fire class mail in an envelope addressed to the Mail Stop ISUE FEE address above, or being facisities transmitted to the USPTO (\$71) 273-2885, on the date indicated below. |  |  |  |  |
|  |   |  |  |   |   |  |  |  |  |
|  |   |  |  | ⊢   | September   | 20000  |  | (Signature)  |  |
| <u></u>  |   |  |  | <u></u>   | September   |  | _  |  |  |
| APPLICATION NO   |   |  | FIRST NAMED INVE   |   |   | ATTORNEY DOCKET NO   |  |  |  |
| 10/533,263<br>TITLE OF INVENTION   | 05/10/2005<br>N: CLAMPING DEVICE  |  | Thomas Sturm   |   |   | 71708  |  | 7345   |  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE D  | OUE   | PREV. PAID ISSUE  | FEE TOTAL FEE(S) D   | UE   | DATE DUE   |  |
| nonprovisional   | NO  | \$1440   | \$300  | _   | \$0   | \$1740   | 1  | 10/01/2008   |  |
| EXAM   | 4INER   | ART UNIT   | CLASS-SUBCLASS   | ;   |   |  |  |  |  |
| KERNS, KEVIN P   |   | 1793   | 219-161000   |   |   |  |  |  |  |
| CFR 1.363).  Change of correst Address form PTO/S  "Fee Address" inc PTO/SB/47; Rev 03-Number is required  3. ASSIGNEE NAME A  | (2) the name of a<br>registered attorney<br>2 registered patent<br>listed, no name wi   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or agents OR, alternatively, or agents OR, alternatively or agents OR, alternatively or agents of the name of up to 2 registered patent attempts or agents. If no name is 3 listed, no name wilb portnets.  THE PATENT (print or type) |  |   |   |  |  |  |  |
| (A) NAME OF ASSI   |   | ified below, no assign<br>pletion of this form is  | (B) RESIDENCE: (C  | CITY  |   | '  | docu   | ment has been filed for  |  |
| Please check the appropr   | riate assignce category or  | categories (will not b   | e printed on the patent) :   |   | Individual 🗯 Co   | rporation or other private   | group  | entity Government  |  |
| Advance Order -  | No small entity discount  <br># of Copies   |  | A check is enclose  A Payment by cred  | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit eard. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |   |  |  |  |  |
| a. Applicant clain   | ntus (from status indicate<br>ns SMALL ENTITY state<br>and Publication Fee (if rec  | as. See 37 CFR 1.27.   |  |   |   | L ENTITY status. See 37<br>stered attorney or agent; o   |  |  |  |
| interest as shown by the   | records of the United St  | tes Patent and Traden  | ark Office.  | man U   | re approvatit, a regi:  | nered attentey or agent, o   | uic a  | assignee or other party it   |  |
| Authorized Signature   |   | Date September 22, 2008  |  |   |   |  |  |  |  |
| Typed or printed nam   |   |  |  | Registration No. 31,903   |   |  |  |  |  |
| This collection of inform<br>an application. Confider<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandra, Valexandra, Valex | nation is required by 37 C<br>atiality is governed by 35<br>and application form to the<br>tions for reducing this but<br>Virginia 22313-1450. DC | CFR 1.311. The inform<br>U.S.C. 122 and 37 C<br>USPTO. Time will v<br>rden, should be sent to<br>D NOT SEND FEES C   | ation is required to obtain FR 1.14. This collection rary depending upon the to the Chief Information O R COMPLETED FORM | n or re<br>is esti<br>indiv<br>office<br>IS TO  | etain a bencfit by the<br>imated to take 12 m<br>idual case. Any co<br>r, U.S. Patent and<br>THIS ADDRESS   | ne public which is to file (<br>ninutes to complete, inclu<br>mments on the amount of<br>frademark Office, U.S. D<br>SEND TO: Commission | and by<br>ding g<br>time<br>epartr<br>er for | the USPTO to process<br>athering, preparing, and<br>you require to complete<br>nent of Commerce, P.O.<br>Patents, P.O. Box 1450. |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.